

## Vermont Mental Health Performance Indicator Project

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### MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project  
Advisory Group and Interested Parties

FROM: John Pandiani, Janet Bramley, Sheila Pomeroy, and Monica Simon

DATE: January 26, 2001

RE: Access to Adult Mental Health Services: Specified Target Populations

Last week's PIP provided service utilization rates for the adult mental health service component statewide and for each of Vermont's ten community service areas for age and gender groups. This week's PIP provides service utilization rates for people in specified target groups for the adult mental health service component statewide and for each of Vermont's ten community service areas. Both reports are in response to PIP Advisory Group Recommendations Regarding Measures of Access to Care (available on line at [www.state.vt.us/dmh](http://www.state.vt.us/dmh), click on Data and then on Performance Indicator project). The five special populations under examination include adults:

- with depression,
- with serious mental illness,
- recently hospitalized for behavioral health care,
- who had recently been in trouble with the law,
- and adults who were Medicaid eligible.

In each case, the number of adults in the specified target population who received services was compared to the number of adults in this target group who reside in the region and the result is expressed as a percent. (For more detail, see the Methodological Note at the end of this memo). For purposes of this analysis, the adult mental health component is defined to include Adult Mental Health Outpatient Programs and Community Rehabilitation and Treatment Programs. The results are presented in tabular, kite diagram, and report card formats. In the kite diagrams, utilization rates for each region are compared to the statewide utilization rate for each category. In the report card format, utilization rates for each special population in each region are compared to the statewide utilization rate for each special population using an odds ratio. A difference of 20% or greater is interpreted as indicating a substantial difference.

As you will see, people in these five special populations used community mental health services at very different rates. People with a recent episode of hospitalization for behavioral health care had the highest utilization rate. Statewide, more than one-third of all adults with a recent hospitalization were served by a community mental health center during 1999. This utilization rate varied from more than 40% in Addison, Northwest, and Washington to less than 25% in Orange and Southeast. The rate at which community mental health programs served people with serious mental illness ranked second, with almost 20% of the estimated number of people in the general population being served during the year. The percent of the estimated number of people with serious mental illness who were served varied from almost 27% in Washington County to less than 10% in Orange County. People with depression had the lowest utilization

rate of the three clinically defined special populations. Six percent of the estimated number of people with depression were served by community mental health programs, with rates in individual regions ranging from 9% in Addison County to 3% in Orange County. About 7% of all adults who had recently been charged with a crime were served by the community programs, statewide, with the rates at local programs varying from 13% in Addison County to 4% in Orange County. Finally, the percent of all Medicaid eligible adults who were served by these community mental health programs varied from 13% in Bennington to 6% in Orange, averaging 8% statewide.

We believe that the utilization rates presented here, in combination with the utilization rates presented last week, provide a very powerful measure of the accessibility of community mental health programs to members of the general population and to members of the special populations that were identified by the PIP Advisory Group. We will be very interested in learning if and how people use these data in their work. As always, we look forward to hearing from you at [jpandiani@ddmhs.state.vt.us](mailto:jpandiani@ddmhs.state.vt.us), or 802-241-2638.

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#### METHODOLOGICAL NOTE

**ADULTS RECENTLY HOSPITALIZED FOR BEHAVIORAL HEALTH CARE:** Utilization rates were determined by analyzing the relationship between two data sets. The Hospital Discharge Data Set (maintained by the Vermont Department of Health) provided an anonymous record of all episodes of hospitalization with a major diagnostic category (MDC) of mental health or substance abuse for 1998. The Monthly Service Report Data set (maintained by the Vermont Department of Developmental and Mental Health Services) provided anonymous records for all individuals served by Adult Mental Health Outpatient or Community Rehabilitation and Treatment programs in Vermont during 1999. Probabilistic Population Estimation was used to determine the number of people represented in each data set and the number of people shared by the two data sets. The rate of utilization of community mental health programs by people who had been recently hospitalized is determined by dividing the number of people represented in both data sets by the total number of people represented in the hospitalization data set.

**ADULTS WHO HAD RECENTLY BEEN IN TROUBLE WITH THE LAW:** Utilization rates were determined by analyzing the relationship between the community treatment data set described above and a data set with records of all criminal charges for 1998 that was obtained from the Vermont Center for Justice Research. As described above, the rate of utilization of community mental health programs by people in this special population was determined by dividing the number of people represented in both data sets by the total number of people represented in the criminal justice data set.

**ADULTS WITH SERIOUS MENTAL ILLNESS:** Utilization rates are based on a comparison of the estimated number of people with serious mental illness who reside in each service area with the number of people with serious mental illness who were served by each community mental health program. The estimate of the prevalence of serious mental illness was based on procedures published in the Federal Register on June 24, 1999. The number of people with serious mental illness who were served is the number of people served by the community programs for people with severe and persistent mental illnesses (CRT programs) during 1999.

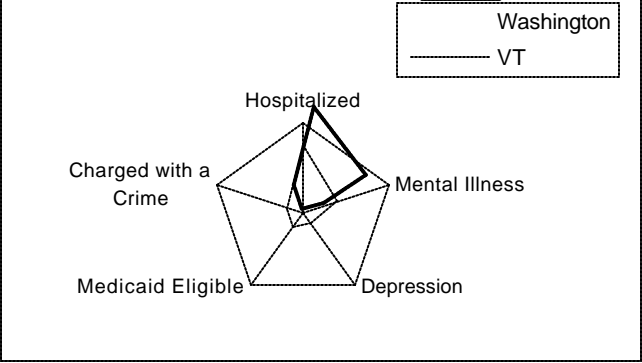
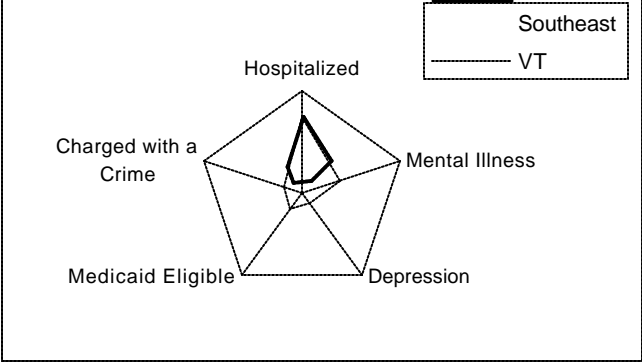
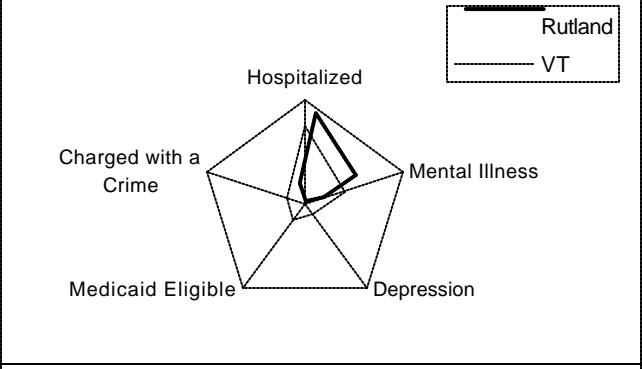
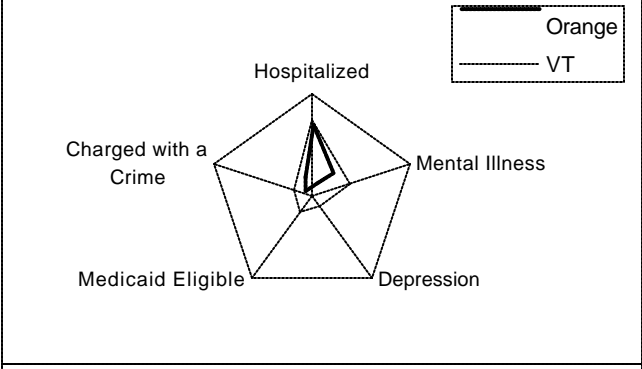
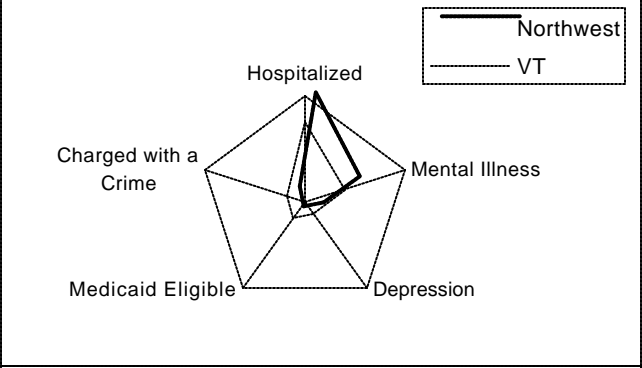
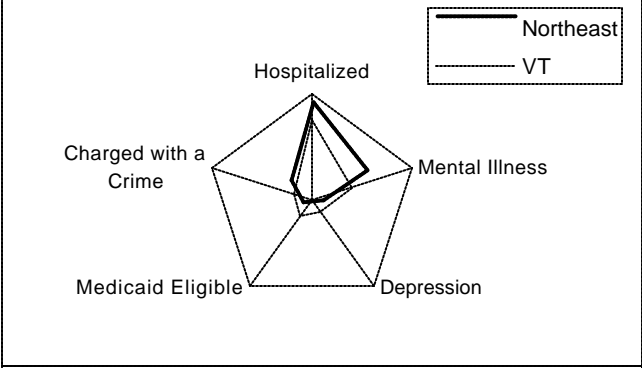
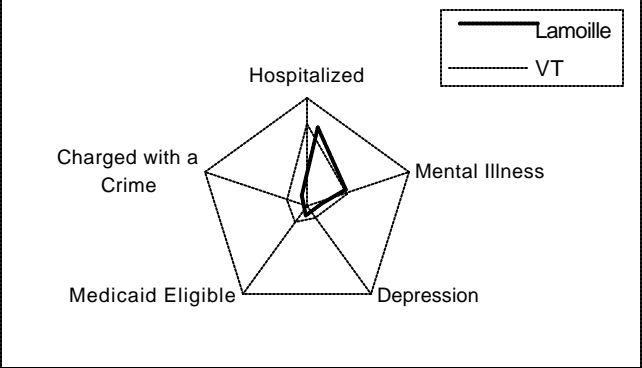
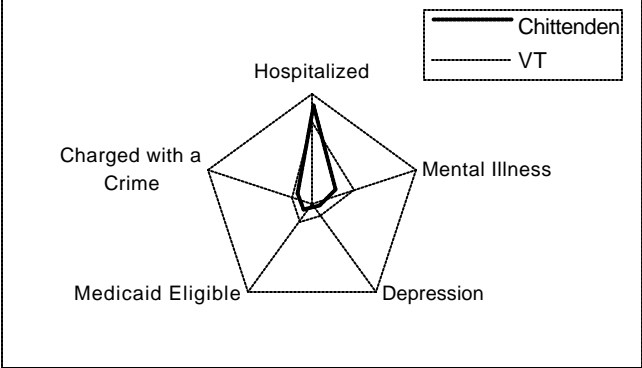
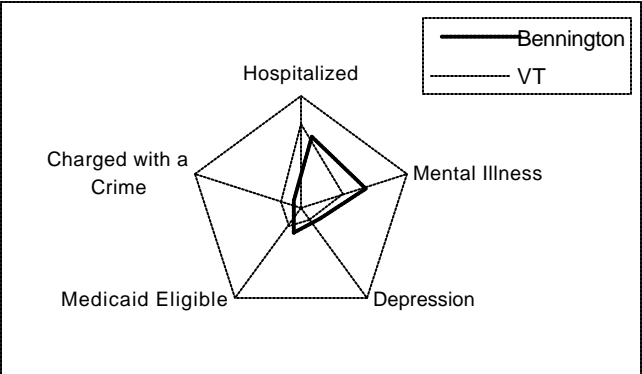
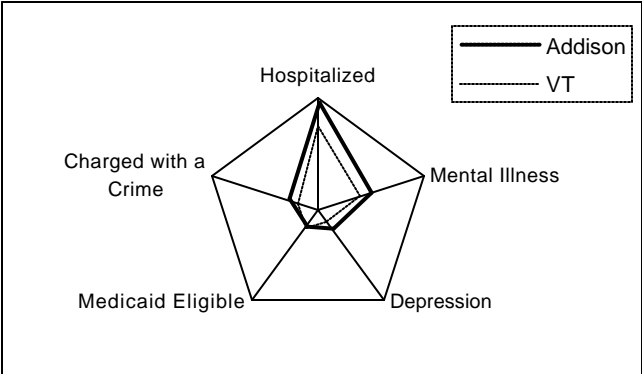
**ADULTS WITH DEPRESSION:** Utilization rates are based on a comparison of the estimated number of residents with depression and the number of people in the treatment population who have a diagnosis of depression. The estimate of the prevalence of depression is based on an ongoing Behavioral Risk Survey conducted by the Vermont Department of Health. The number of people with depression who were served is based on diagnosis reported by community providers.

**ADULTS WHO WERE MEDICAID ELIGIBLE:** Utilization rates are based on a comparison of the total number of Medicaid enrollees (from Vermont's EDS Medicaid database) with the number of adult mental health service recipients who were covered by Medicaid (from the "responsible for fee" field in the Quarterly Service Reports.

# ACCESS TO ADULT MENTAL HEALTH SERVICES PEOPLE IN SPECIAL POPULATIONS, VERMONT: FY 1999

Region/Provider		With Depression	With Serious Mental Illness	Hospitalized for Behavioral Health Care	Charged with a Crime	Medicaid Eligible	
Addison	- CSAC	Population	3,135 ± 829	1,529	124 ± 1	325 ± 5	3,031
		Number Served	295	337	53 ± 2	43 ± 5	260
		Percent Served	9% ± 2.5%	22.0%	43% ± 2%	13% ± 1.4%	9%
Bennington	- UCS	Population	3,915 ± 783	1,404	146 ± 2	620 ± 7	3,905
		Number Served	230	317	40 ± 2	45 ± 6	493
		Percent Served	6% ± 1.2%	22.6%	28% ± 1%	7% ± 0.9%	13%
Chittenden	- HCHS	Population	15,833 ± 2,388	8,671	560 ± 5	1960 ± 25	10,113
		Number Served	628	858	210 ± 9	121 ± 21	700
		Percent Served	4% ± 0.6%	9.9%	38% ± 2%	6% ± 1.1%	7%
Lamoille	- LCMHS	Population	2,586 ± 716	960	73 ± 1	315 ± 4	2,534
		Number Served	72	123	22 ± 1	21 ± 2	221
		Percent Served	3% ± 0.8%	12.8%	30% ± 2%	7% ± 0.8%	9%
Northeast	-NEK	Population	6,803 ± 1,735	2,329	236 ± 2	925 ± 11	9,343
		Number Served	448	550	86 ± 4	97 ± 11	727
		Percent Served	7% ± 1.7%	23.6%	37% ± 2%	10% ± 1.2%	8%
Northwest	-NCSS	Population	5,185 ± 1,188	1,980	128 ± 2	714 ± 9	5,940
		Number Served	311	388	54 ± 2	50 ± 8	525
		Percent Served	6% ± 1.4%	19.6%	42% ± 2%	7% ± 1.1%	9%
Orange	- CMC	Population	3,738 ± 1,038	1,376	103 ± 1	209 ± 3	3,736
		Number Served	111	132	25 ± 1	8 ± 1	223
		Percent Served	3% ± 0.8%	9.6%	24% ± 1%	4% ± 0.7%	6%
Rutland	-RACS	Population	6,520 ± 1,070	2,579	330 ± 3	678 ± 8	7,834
		Number Served	354	476	105 ± 5	49 ± 8	602
		Percent Served	5% ± 0.9%	18.5%	32% ± 2%	7% ± 1.2%	8%
Southeast	- HCRSSV	Population	8,907 ± 1,657	3,728	677 ± 5	1236 ± 16	8,578
		Number Served	450	488	161 ± 10	85 ± 13	618
		Percent Served	5% ± 0.9%	13.1%	24% ± 2%	7% ± 1.1%	7%
Washington	- WCMHS	Population	6,388 ± 1,122	2,417	364 ± 3	623 ± 9	6,055
		Number Served	497	651	153 ± 6	71 ± 9	664
		Percent Served	8% ± 1.4%	26.9%	42% ± 2%	11% ± 1.4%	11%
Median		6%	19%	34%	7%	8%	

ADULT MENTAL HEALTH PROGRAMS  
PER CAPITA UTILIZATION RATES FOR SPECIAL POPULATIONS BY REGION: FY 1999



In this presentation, each axis represents the per capita utilization rate for the specified group based on a scale of 0 - 45% per 1,000 population. The intersection of the axis is 0.  
Hospitalized includes adults recently hospitalized for behavioral health care in FY 1998.

**ACCESS TO ADULT MENTAL HEALTH SERVICES**  
**PEOPLE IN SPECIAL POPULATIONS, VERMONT: FY 1999**  
**Compared to the Statewide Utilization Rate for Specified Population**

Special Populations					
Agency	With Depression	With Serious Mental Illness	Hospitalized for Behavioral Health Care	Charged with a Crime	Medicaid Eligible
Addison					
Bennington					
Chittenden					
Lamoille					
Northeast					
Northwest					
Orange					
Rutland					
Southeast					
Washington					
Key	More than average		No difference		Less than average

Differences based on effect size as measured by statistical odds ratios where OR > 1.2 is considered greater than average and OR < .8 is considered less than average